

8-21-01

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. SJO920000160US1 Total Pages 37

First Named Inventor or Application Identifier

Jeffery S. Lille

Express Mail Label No. EF243190143US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form  
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification (Total Pages) 25  
(Preferred arrangement set forth below)
- Descriptive title of the invention
  - Cross References to Related Application
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3. ☒ Drawing(s) (35 USC 113) (Total Pages) 10
4. Oath or Declaration (Total Pages) 2
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation /divisional with Box 17 completed)  
[Note Box 5 below]
- i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named  
in prior application, see 37 CFR 1.63(d)(2) and  
1.33(b).
5. ☐ Incorporation by Reference (useable if Box 4b is checked)  
The entire disclosure of the prior application, from which a copy  
of the oath or declaration is supplied under Box 4b is considered  
as being part of the disclosure of the accompanying application  
and is hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission (if applicable,  
all necessary)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

8. ☒ Assignment Papers (cover sheet & document(s))
9. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. ☐ Small Entity ☐ Statement filed in prior application,  
Statement(s) Status still proper and desired
15. ☐ Certified Copy of Priority Document(s)  
if foreign priority is claimed)
16. ☒ Other: Express Mail Certificate

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:**18. CORRESPONDENCE ADDRESS**

- ☐ Customer Number or Bar Code Label \_\_\_\_\_
- ☐ Or Correspondence address below

|         |                   |           |                |     |                |
|---------|-------------------|-----------|----------------|-----|----------------|
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**Assignee Name:** INTERNATIONAL BUSINESS MACHINES CORPORATION**Assignee Residence:** Armonk, New York

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231.

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| <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <p style="font-size: small; margin-top: 10px;">Note: Effective October 1, 1997.<br/>Patent fees are subject to annual revision.</p> |  | <b>Complete If Known</b> |                        |                 |
|                                                                                                                                                                                 |  | Application Number       | Not yet assigned       |                 |
|                                                                                                                                                                                 |  | Filing Date              | August 20, 2001        |                 |
|                                                                                                                                                                                 |  | First Named Inventor     | Jeffrey S. Lille       |                 |
|                                                                                                                                                                                 |  | Group Art Unit           |                        |                 |
|                                                                                                                                                                                 |  | Examiner Name            |                        |                 |
| TOTAL AMOUNT OF PAYMENT                                                                                                                                                         |  | \$ 902                   | Attorney Docket Number | SJO920000160US1 |

| METHOD OF PAYMENT (check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FEE CALCULATION (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: <u>09-0466</u></p> <p>Deposit Account Name: <u>IBM CORPORATION</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17      <input type="checkbox"/> Charge the Issue Fee In 37 CFR at the Mailing of the Notice of Allowance</p> <p><input type="checkbox"/> Payment Enclosed:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>3. ADDITIONAL FEES</b></p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2520</td><td>147</td><td>2520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1840*</td><td>113</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1510</td><td>138</td><td>1510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - intentional</td><td></td></tr> <tr><td>141</td><td>1240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1240</td><td>242</td><td>620</td><td>Utility issue fee</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> </tbody> </table> | Large Entity   |              | Small Entity                                                               |                 | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65                 | Surcharge - late filing fee or oath |     | 127 | 50  | 227 | 25                | Surcharge - late provisional filing fee or cover sheet |     | 139 | 130 | 139 | 130              | Non-English specification |     | 147 | 2520 | 147 | 2520               | For filing a request for reexamination |     | 112 | 920* | 112 | 920*                   | Requesting publication of SIR prior to Examiner action |                     | 113 | 1840* | 113 | 1840* | Requesting publication of SIR after Examiner action |              | 115   | 110            | 215      | 55 | Extension for reply within first month |        | 116 | 390           | 216    | 195    | Extension for reply within second month |                        | 117     | 890 | 217 | 445          | Extension for reply within third month |              | 118 | 1390            | 218      | 695      | Extension for reply within fourth month |          | 128      | 1890 | 228 | 945 | Extension for reply within fifth month |                        | 119 | 310 | 219 | 155 | Notice of Appeal |                                   | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |                          | 121 | 270 | 221 | 135 | Request for oral hearing |                                                 | 138 | 1510 | 138 | 1510 | Petition to institute a public use proceeding |                                                         | 140 | 110                 | 240 | 55 | Petition to revive - intentional |  | 141           | 1240                                                                                                                | 241 | 620 | Petition to revive - unintentional |  | 142 | 1240 | 242 | 620 | Utility issue fee |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40 | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee (specify) _____ |  |  |  |  |  | Other fee (specify) _____ |  |  |  |  |  |
| Large Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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 |     |                   |                                                        |     |     |     |     |                  |                           |     |     |      |     |                    |                                        |     |     |      |     |                        |                                                        |                     |     |       |     |       |                                                     |              |       |                |          |    |                                        |        |     |               |        |        |                                         |                        |         |     |     |              |                                        |              |     |                 |          |          |                                         |          |          |      |     |     |                                        |                        |     |     |     |     |                  |   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| Fee Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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 |     |                   |                                                        |     |     |     |     |                  |                           |     |     |      |     |                    |                                        |     |     |      |     |                        |                                                        |                     |     |       |     |       |                                                     |              |       |                |          |    |                                        |        |     |               |        |        |                                         |                        |         |     |     |              |                                        |              |     |                 |          |          |                                         |          |          |      |     |     |                                        |                        |     |     |     |     |                  |   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| 127                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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 |     |                   |                                                        |     |     |     |     |                  |                           |     |     |      |     |                    |                                        |     |     |      |     |                        |                                                        |                     |     |       |     |       |                                                     |              |       |                |          |    |                                        |        |     |               |        |        |                                         |                        |         |     |     |              |                                        |              |     |                 |          |          |                                         |          |          |      |     |     |                                        |                        |     |     |     |     |                  |   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| 139                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 147                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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 |     |                   |                                                        |     |     |     |     |                  |                           |     |     |      |     |                    |                                        |     |     |      |     |                        |                                                        |                     |     |       |     |       |                                                     |              |       |                |          |    |                                        |        |     |               |        |        |                                         |                        |         |     |     |              |                                        |              |     |                 |          |          |                                         |          |          |      |     |     |                                        |                        |     |     |     |     |                  |   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| 112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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 |     |                   |                                                        |     |     |     |     |                  |                           |     |     |      |     |                    |                                        |     |     |      |     |                        |                                                        |                     |     |       |     |       |                                                     |              |       |                |          |    |                                        |        |     |               |        |        |                                         |                        |         |     |     |              |                                        |              |     |                 |          |          |                                         |          |          |      |     |     |                                        |                        |     |     |     |     |                  |   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| 113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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 |     |                   |                                                        |     |     |     |     |                  |                           |     |     |      |     |                    |                                        |     |     |      |     |                        |                                                        |                     |     |       |     |       |                                                     |              |       |                |          |    |                                        |        |     |               |        |        |                                         |                        |         |     |     |              |                                        |              |     |                 |          |          |                                         |          |          |      |     |     |                                        |                        |     |     |     |     |                  |   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 |     |                   |                                                        |     |     |     |     |                  |                           |     |     |      |     |                    |                                        |     |     |      |     |                        |                                                        |                     |     |       |     |       |                                                     |              |       |                |          |    |                                        |        |     |               |        |        |                                         |                        |         |     |     |              |                                        |              |     |                 |          |          |                                         |          |          |      |     |     |                                        |                        |     |     |     |     |                  |   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 |     |                   |                                                        |     |     |     |     |                  |                           |     |     |      |     |                    |                                        |     |     |      |     |                        |                                                        |                     |     |       |     |       |                                                     |              |       |                |          |    |                                        |        |     |               |        |        |                                         |                        |         |     |     |              |                                        |              |     |                 |          |          |                                         |          |          |      |     |     |                                        |                        |     |     |     |     |                  |   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| 119                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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 |     |                   |                                                        |     |     |     |     |                  |                           |     |     |      |     |                    |                                        |     |     |      |     |                        |                                                        |                     |     |       |     |       |                                                     |              |       |                |          |    |                                        |        |     |               |        |        |                                         |                        |         |     |     |              |                                        |              |     |                 |          |          |                                         |          |          |      |     |     |                                        |                        |     |     |     |     |                  |   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| 120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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 |     |                   |                                                        |     |     |     |     |                  |                           |     |     |      |     |                    |                                        |     |     |      |     |                        |                                                        |                     |     |       |     |       |                                                     |              |       |                |          |    |                                        |        |     |               |        |        |                                         |                        |         |     |     |              |                                        |              |     |                 |          |          |                                         |          |          |      |     |     |                                        |                        |     |     |     |     |                  |   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| 121                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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 |     |                   |                                                        |     |     |     |     |                  |                           |     |     |      |     |                    |                                        |     |     |      |     |                        |                                                        |                     |     |       |     |       |                                                     |              |       |                |          |    |                                        |        |     |               |        |        |                                         |                        |         |     |     |              |                                        |              |     |                 |          |          |                                         |          |          |      |     |     |                                        |                        |     |     |     |     |                  |   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| 138                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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 |     |                   |                                                        |     |     |     |     |                  |                           |     |     |      |     |                    |                                        |     |     |      |     |                        |                                                        |                     |     |       |     |       |                                                     |              |       |                |          |    |                                        |        |     |               |        |        |                                         |                        |         |     |     |              |                                        |              |     |                 |          |          |                                         |          |          |      |     |     |                                        |                        |     |     |     |     |                  |   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| 140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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 |     |                   |                                                        |     |     |     |     |                  |                           |     |     |      |     |                    |                                        |     |     |      |     |                        |                                                        |                     |     |       |     |       |                                                     |              |       |                |          |    |                                        |        |     |               |        |        |                                         |                        |         |     |     |              |                                        |              |     |                 |          |          |                                         |          |          |      |     |     |                                        |                        |     |     |     |     |                  |   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| 142                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 143                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 144                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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 |     |                   |                                                        |     |     |     |     |                  |                           |     |     |      |     |                    |                                        |     |     |      |     |                        |                                                        |                     |     |       |     |       |                                                     |              |       |                |          |    |                                        |        |     |               |        |        |                                         |                        |         |     |     |              |                                        |              |     |                 |          |          |                                         |          |          |      |     |     |                                        |                        |     |     |     |     |                  |   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| 123                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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 |     |                   |                                                        |     |     |     |     |                  |                           |     |     |      |     |                    |                                        |     |     |      |     |                        |                                                        |                     |     |       |     |       |                                                     |              |       |                |          |    |                                        |        |     |               |        |        |                                         |                        |         |     |     |              |                                        |              |     |                 |          |          |                                         |          |          |      |     |     |                                        |                        |     |     |     |     |                  |   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| 126                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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 |     |                   |                                                        |     |     |     |     |                  |                           |     |     |      |     |                    |                                        |     |     |      |     |                        |                                                        |                     |     |       |     |       |                                                     |              |       |                |          |    |                                        |        |     |               |        |        |                                         |                        |         |     |     |              |                                        |              |     |                 |          |          |                                         |          |          |      |     |     |                                        |                        |     |     |     |     |                  |   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| 581                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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 |     |                   |                                                        |     |     |     |     |                  |                           |     |     |      |     |                    |                                        |     |     |      |     |                        |                                                        |                     |     |       |     |       |                                                     |              |       |                |          |    |                                        |        |     |               |        |        |                                         |                        |         |     |     |              |                                        |              |     |                 |          |          |                                         |          |          |      |     |     |                                        |                        |     |     |     |     |                  |   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| 146                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 246            | 355          | Filing a submission after final rejection (37 CFR 1.129(a))                |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |                                                        |     |     |     |     |                  |                           |     |     |      |     |                    |                                        |     |     |      |     |                        |                                                        |                     |     |       |     |       |                                                     |              |       |                |          |    |                                        |        |     |               |        |        |                                         |                        |         |     |     |              |                                        |              |     |                 |          |          |                                         |          |          |      |     |     |                                        |                        |     |     |     |     |                  |   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                                                            |    |     |     |     |     |                                                             |  |     |     |     |     |                                                                |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 149                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 249            | 355          | For each additional invention to be examined (37 CFR 1.129(b))             |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |                                                        |     |     |     |     |                  |                           |     |     |      |     |                    |                                        |     |     |      |     |                        |                                                        |                     |     |       |     |       |                                                     |              |       |                |          |    |                                        |        |     |               |        |        |                                         |                        |         |     |     |              |                                        |              |     |                 |          |          |                                         |          |          |      |     |     |                                        |                        |     |     |     |     |                  |   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| Other fee (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <p><b>1. FILING FEE</b></p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td>710</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td><b>\$ 710</b></td></tr> </tbody> </table> <p><b>2. CLAIMS</b></p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th>Total Claims</th> <th>Extra</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>24</td> <td>-20 = 4</td> <td>x 18 =</td> <td>72</td> </tr> <tr> <td>Ind. Claims 4</td> <td>-3 = 1</td> <td>x 80 =</td> <td>80</td> </tr> <tr> <td>Multiple Dep. Claims 0</td> <td>x 270 =</td> <td></td> <td>0</td> </tr> </tbody> </table> <table style="width: 100%; font-size: small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim</td><td></td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5"><b>SUBTOTAL (2)</b></td><td><b>\$ 152</b></td></tr> </tbody> </table> | Large Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | Small Entity |                                                                            | Fee Description | Fee Paid        | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 101      | 710 | 201 | 355 | Utility filing fee | 710                                 | 106 | 320 | 206 | 160 | Design filing fee |                                                        | 107 | 490 | 207 | 245 | Plant filing fee |                           | 108 | 710 | 208  | 355 | Reissue filing fee |                                        | 114 | 150 | 214  | 75  | Provisional filing fee |                                                        | <b>SUBTOTAL (1)</b> |     |       |     |       | <b>\$ 710</b>                                       | Total Claims | Extra | Fee from below | Fee Paid | 24 | -20 = 4                                | x 18 = | 72  | Ind. Claims 4 | -3 = 1 | x 80 = | 80                                      | Multiple Dep. Claims 0 | x 270 = |     | 0   | Large Entity |                                        | Small Entity |     | Fee Description | Fee Paid | Fee Code | Fee (\$)                                | Fee Code | Fee (\$) | 103  | 18  | 203 | 9                                      | Claims in excess of 20 |     | 102 | 80  | 202 | 40               | Independent claims in excess of 3 |     | 104 | 270 | 204 | 135                                    | Multiple dependent claim |     | 109 | 80  | 209 | 40                       | Reissue independent claims over original patent |     | 110  | 18  | 210  | 9                                             | Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b> |     |    |                                  |  | <b>\$ 152</b> | <p><b>SUBTOTAL (3)</b> <span style="float: right;">40</span></p> <p><small>*Reduced by Basic Filing Fee</small></p> |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                           |  |     |    |     |    |                                                                            |    |     |     |     |     |                                                             |  |     |     |     |     |                                                                |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
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| <b>SUBTOTAL (1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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 |     |                   |                                                        |     |     |     |     |                  |                           |     |     |      |     |                    |                                        |     |     |      |     |                        |                                                        |                     |     |       |     |       |                                                     |              |       |                |          |    |                                        |        |     |               |        |        |                                         |                        |         |     |     |              |                                        |              |     |                 |          |          |                                         |          |          |      |     |     |                                        |                        |     |     |     |     |                  |   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 |     |                   |                                                        |     |     |     |     |                  |                           |     |     |      |     |                    |                                        |     |     |      |     |                        |                                                        |                     |     |       |     |       |                                                     |              |       |                |          |    |                                        |        |     |               |        |        |                                         |                        |         |     |     |              |                                        |              |     |                 |          |          |                                         |          |          |      |     |     |                                        |                        |     |     |     |     |                  |   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| <b>SUBTOTAL (2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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 |     |                   |                                                        |     |     |     |     |                  |                           |     |     |      |     |                    |                                        |     |     |      |     |                        |                                                        |                     |     |       |     |       |                                                     |              |       |                |          |    |                                        |        |     |               |        |        |                                         |                        |         |     |     |              |                                        |              |     |                 |          |          |                                         |          |          |      |     |     |                                        |                        |     |     |     |     |                  |   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| SUBMITTED BY          |  |                  |              | Complete (if applicable) |        |
|-----------------------|--|------------------|--------------|--------------------------|--------|
| Typed or Printed Name |  | Brian C. Kunzler |              | Reg. Number              | 38,527 |
| Signature             |  |                  |              | Deposit Account User ID  |        |
|                       |  | Date             | Aug 20, 2001 |                          |        |

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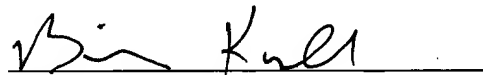
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I hereby certify that this patent application in the name of Jeffrey S. Lille for ELECTRO-THERMAL MICROMECHANICAL ACTUATOR FOR FINITELY POSITIONING A STORAGE DEVICE SLIDER AND METHODS OF USE AND MANUFACTURE, together with the drawings, a Declaration, Power of Attorney, and Petition, an Assignment and Recordation Form Cover Sheet, Information Disclosure Statement, PTO Form 1449, and Copies of Cited References are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above in an envelope addressed to Box Patent Application, Assistant Commissioner for Patents, Washington, D.C. 20231.

Respectfully submitted,



Brian C. Kunzler  
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Date: August 20, 2001

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